

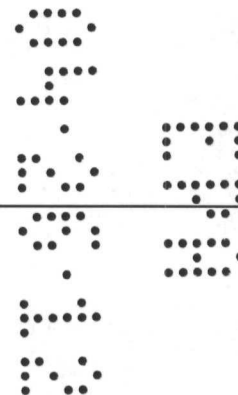
Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information **1023924**

-018

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

| | | | | |
|------------------------|---|---|--|------------------------------------|
| Row 1 | Reporter name: [REDACTED] | Submission date: 04/25/2012 | Contact person (if different than reporter) | Internal ID 1-29460782 |
| Administrative Data | Address: Ontario | | Address: | |
| | Phone #: [REDACTED] | | Phone #: | |
| | Incident Status: New | Location and date of incident Ontario 03/19/2012 | Date registrant became aware of incident: 3/19/2012 | Was incident part of larger study? |
| Row 2 | EPA Registration # (Product 1) 28821 | EPA Registration # (Product 2) | EPA Registration # (Product 3) | |
| Pesticide(s) Involved | A.I. (s) Thiamethoxam, Metalaxyl-M, Fludioxonil | A.I. (s) | A.I. (s) | |
| | Product 1 Name Cruiser Maxx Beans Seed Treatment | Product 2 Name | Product 3 Name | |
| | Exposed to concentrate prior to dilution? NA | Exposed to concentrate prior to dilution? | Exposed to concentrate prior to dilution? | |
| | Formulation - Liquid | Formulation | Formulation | |
| | Evidence label directions were not followed? No Intentional misuse? No | Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) Workplace | Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) See Description Notes | |
| Incident Circumstances | Applicator certified PCO? Not applicable | | | |
| | How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description | | | |



13

3/19/2012 5:40:01 PM Cruiser Max

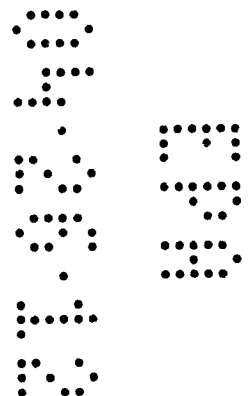
Hx: Daughter works at a local seed plant where she was putting this product on the soybean itself. She came home today with "respiratory distress" (non-productive cough), a headache, an earache, fever. Caller states that she was exposed this afternoon to this product while at work. They are currently warming her up in a hot bath and then they will take her to the local hospital. She does not have asthma, she may have some allergies to pollen.

- A: - Inhalation of this product may lead to irritation of the eyes and upper respiratory tract as well as nausea, cough, headache, difficulty breathing, and shortness of breath.*
- Adverse health effects are typically limited to the upper respiratory tract and resolve without affecting other body functions.*
 - The patient should be removed from the source of the fumes and placed in an area with fresh air and adequate ventilation.*
 - Ventilate the area by opening outside doors and windows. Consider adding portable fans until the odor has dissipated. You may also wash treated surfaces with an appropriate household cleaner.*
 - Patients who smoke or have underlying respiratory conditions may experience more pronounced symptoms that require medical attention. Inhalers or nebulizer therapy indicated for acute respiratory symptoms may be used in the prescribed manner as symptoms dictate.*
 - Seek medical attention if the patient's symptoms do not resolve within the next 30 minutes. If the patient develops shortness of breath or difficulty breathing, call 911.*
 - Please call back with any additional questions or concerns.*

Caller requested a copy of MSDS be faxed

Faxed MSDS

3/21/2012 4:57:01 PM CB message left on VM.



Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

| | | | |
|---|---|---|---|
| Demographic information Age: 21 Years Sex: Female Occupation: (if relevant) | Exposure route: Inhalation | Was adverse effect result of suicide/homicide or attempted suicide/homicide? No | Was protective clothing worn (specify)? Unknown |
| If female, pregnant? Did not query | Was exposure occupational? Yes If yes, days lost due to illness: 0 | Time between exposure and onset of symptoms: See Symptoms | |
| Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). On-site | List signs/symptoms/adverse effects. Fever, 6 hrs or less; Other miscellaneous - earache, 6 hrs or less; Headache, 6 hrs or less; Cough, 6 hrs or less; | | If lab tests were performed, list test names and results (If available, submit reports). Not Reported |
| Exposure data: Amount of pesticide: Exposure duration: Weight: | | | |
| Human severity category: HC | | | |

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-29460782